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OCT 23 2006MORRISON & FOERSTER LLP
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NAME:	FACSIMILE:	TELEPHONE:
MS AF U.S. Patent and Trademark Office	571-273-8300	571-272-6803

FROM: Norman R. Klivans**DATE:**

October 23, 2006

Number of pages with cover page:	11	
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Preparer of this slip has confirmed that facsimile number given is correct: 12496/sfh1**Comments:****Official Filing**

Examiner: T. Dixon

Art Unit: 3639

U.S. Patent Application Serial No.: 08/977,846

Filing Date: November 25, 1997

Inventor: John O. RYAN

Title: METHOD AND SYSTEM FOR INFORMATION DISSEMINATION WITH
USER MENU IN INTERFACE (AS AMENDED)

Docket No.: 549222000101

Papers enclosed herewith:

1. Transmittal (1 page)
2. Fee Transmittal + duplicate copy for fee processing (2 pages)
3. Two Months Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
4. Notice of Appeal (1 page)
5. Pre-Appeal Brief Request for Review (5 pages)

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PTO/SB/21 (09-04)

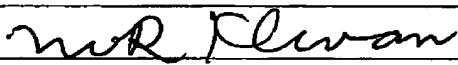
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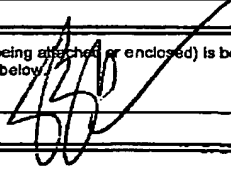
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	08/977,846
		Filing Date	November 25, 1997
		First Named Inventor	John O. RYAN
		Art Unit	3639
		Examiner Name	T. Dixon
Total Number of Pages in This Submission	10	Attorney Docket Number	549222000101

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form + duplicate copy for fee processing (2 pages) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input checked="" type="checkbox"/> Appeal Communication to Board of Appeals and Interferences (Pre-Appeal Brief Request for Review) (5 pages) <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) (1 page) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax cover sheet
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP (Customer No. 25226)		
Signature			
Printed name	Norman R. Klivans		
Date	October 23, 2006	Reg. No.	33,003

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Dated: October 23, 2006	Signature:  (Sandy Hou)

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PTO/SB/17 (01-08)

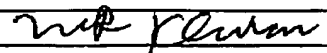
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FEE TRANSMITTAL For FY 2006		Complete if Known	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number: 08/977,846 Filing Date: November 25, 1997 First Named Inventor: John O. RYAN Examiner Name: T. Dixon Art Unit: 3639 Attorney Docket No.: 549222000101	
TOTAL AMOUNT OF PAYMENT (\$) 950.00			

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0.00
Provisional	200	100	0	0	0	0	0.00
							Small Entity
							Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
							180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
30		- 48 = 0	x 50.00 =	0.00			
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)		Fee Paid (\$)
2		- 8 = 0	x 200.00 =	0.00	360.00		0.00
HP = highest number of total claims paid for, if greater than 20.							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
	- 100 =	/50	(round up to a whole number) x 250.00 =	0.00			
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1401 Notice of Appeal							500.00
1252 Extension for response within two months							450.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	33,003
Name (Print/Type)	Norman R. Klivans	Telephone	(650) 813-5850
		Date	October 23, 2006

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